

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 10

March 25, 2015

APPROVED BY THE BOARD OF POLICE COMMISSIONERS ON MAY 19, 2015

**SUBJECT:** CATEGORICAL USE OF FORCE INVESTIGATIONS INVOLVING ANIMAL SHOOTINGS AND NON-TACTICAL UNINTENTIONAL DISCHARGES OF FIREARMS

**PURPOSE:** The purpose of this Order is to revise specific Categorical Use of Force (CUOF) Department Manual sections and to update CUOF reporting and investigation procedures. The Investigation of an Officer-Involved Animal Shooting and a Non-Tactical Unintentional Discharge of a Firearm, Form 01.67.08, has been renamed and revised. Consequently, the procedures for the reporting of animal shootings in a rural area meeting specified criteria has been established and the Off-Duty Officer-Involved Firearm Discharge Investigation - Animal Shooting in a Rural Area, Form 01.67.11, has been activated.

**PROCEDURE:** Attached are the Manual sections pertaining to CUOF reporting and investigation procedures, with the revisions indicated in *italics*.

**I. DEPARTMENT MANUAL SECTION 3/794.10, FORCE INVESTIGATION DIVISION (FID), PROFESSIONAL STANDARDS BUREAU - RENAMED AND REVISED.** Department Manual Section 3/794.10 is renamed, *Categorical Use of Force Investigations*, and delineates the investigative responsibilities for CUOF incidents, including animal shootings and unintentional discharges.

**A. ANIMAL SHOOTINGS AND NON-TACTICAL UNINTENTIONAL DISCHARGES OF FIREARMS.** The procedures for the investigation and reporting of on-duty animal shootings, and on-duty or off-duty tactical and non-tactical unintentional discharges were revised, renamed and moved from Manual Section 4/204.80 to subsections of Manual Section 3/794.10.

**B. INVESTIGATIONS OF OFF-DUTY ANIMAL SHOOTINGS IN RURAL AREAS - ESTABLISHED.** These procedures provide guidelines for the investigation and reporting of off-duty animal shootings in rural areas.

**II. INVESTIGATION OF OFFICER-INVOLVED ANIMAL SHOOTING AND NON-TACTICAL UNINTENTIONAL DISCHARGE OF A FIREARM, FORM 01.67.08 - RENAMED AND REVISED.** The Investigation of Officer-Involved Animal Shooting and Non-Tactical Unintentional Discharge of a Firearm, Form 01.67.08, is renamed, *Officer-Involved Firearm Discharge Investigation*, and is revised to include the investigation of tactical

unintentional discharges, non-tactical unintentional discharges, animal shootings and warning shots.

Additionally, checkboxes have been added to document additional information.

**III. OFF-DUTY OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION - ANIMAL SHOOTING IN A RURAL AREA, FORM 01.67.11 - ACTIVATED.** The Off-Duty Officer-Involved Firearm Discharge Investigation - Animal Shooting in a Rural Area is activated to report off-duty officer-involved animal shootings occurring in a rural area that meet specified criteria.

**IV. ANIMAL SHOOTINGS AND NON-TACTICAL UNINTENTIONAL DISCHARGES OF FIREARMS - RENAMED AND REVISED.** This Section is renamed, *Animal Shootings*. Department Manual Section 4/204.80 is revised to update the procedures which have been moved to Section 3/794.10.

**FORM AVAILABILITY:** The Officer-Involved Firearm Discharge Investigation, Form 01.67.08, and the Off-Duty Officer-Involved Firearm Discharge Investigation - Animal Shooting in a Rural Area, Form 01.67.11, are accessible in E-Forms on the Department's Local Area Network (LAN).

**AMENDMENTS:** This Order amends Sections 3/794.10 and 4/204.80 of the Department Manual. The "Form Use" link applicable to the Officer-Involved Firearm Discharge Investigation and the Off-Duty Officer-Involved Firearm Discharge Investigation - Animal Shooting in a Rural Area forms are accessible in E-Forms on the Department's LAN.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Internal Audits and Inspections Division, will review this directive and determine whether an audit or inspection will be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK  
Chief of Police

Attachments

DISTRIBUTION "D"

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**794.10 CATEGORICAL USE OF FORCE INVESTIGATIONS.** Force Investigation Division (FID) is responsible for investigating all aspects of *Categorical Use of Force* (CUOF) incidents (*except as detailed below*) and any other investigation at the direction of the Chief of Police (COP).

Force Investigation Division is *also* responsible for investigating CUOF and/or Non-Categorical Use of Force (NCUOF) incidents where the Department has agreed to conduct similar critical incident investigations for non-Department entities, such as Los Angeles Fire Department Arson Unit, *Los Angeles World Airport Police and other non-City entities* (e.g., *UCLA/USC Police Department, and Cal State University Northridge, Department of Police Services*).

**In-Custody Deaths.** Force Investigation Division will *complete a CUOF In-Custody Death* (ICD) investigation in all cases where there is a death of any arrestee or detainee in the custodial care of the Department unless all of the following conditions exist:

- The Los Angeles County Coroner makes a preliminary determination that the death was caused by natural, accidental or undetermined means;
- The incident did not involve a use of force or evidence of foul play;
- There is no misconduct;
- The investigation reveals that there were no violations of Department *policies* and procedures which directly led to the death;
- The toxicology report supports the Coroner's determination; and,
- The investigation reveals no problematic evidence or seriously-conflicting witness statements regarding the incident.

When **all** of these aforementioned circumstances exist, the assigned FID investigator must review the investigation with his/her section lieutenant and receive approval to close out the incident as a death report on the Death Investigation Report, Form 03.11.00, consistent with existing Department procedures.

After the approval to reclassify the ICD is provided by the section lieutenant, the assigned FID investigator will:

- Complete an extensive Follow-Up Investigation Report, Form 03.14.00, thoroughly documenting the investigative efforts and its completion;
- Complete an Intradepartmental Correspondence, Form 15.02.00, documenting a synopsis of the incident, the Coroner's findings, investigative steps, and the rationale for closing the investigation; and,
- Attach all relevant addenda items (e.g., autopsy report, toxicology report, and Follow-Up Investigation Report) to the *Intradepartmental Correspondence*.

*The FID investigator will compile the Intradepartmental Correspondence and all relevant addenda items into an ICD Case Reclassification Package (CRP). After the reclassification is approved by the Commanding Officer (CO), FID, the ICD CRP will be forwarded by the CO,*

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*FID, to the CO, Use of Force Review Division (UOFRD), for concurrence. Simultaneously, the CO, FID, will forward an informational copy to the Office of the Inspector General.*

Once concurrence is obtained from the *CO, UOFRD*, the ICD CRP *will be presented to the COP for signature and transmission to the Board of Police Commissioners (BOPC) for approval. The Intradepartmental Correspondence, along with the ICD CRP to support the recommended action, will serve as the COP's recommendation to the BOPC to have the incident reclassified.*

Should the BOPC agree with the request to reclassify the ICD, the FID investigator will work with the detectives in the Area of occurrence to facilitate the exchange of information and ensure that the case is closed properly.

In the event that concurrence does not take place at any level during the process, the usual FID investigative process will continue and the incident will remain as the original classification of the CUOF ICD.

***Animal Shootings and Non-Tactical Unintentional Discharges of Firearms.*** Upon responding to a use of force incident involving an animal shooting or a non-tactical unintentional discharge (defined in Manual Section 3/792.05), all Department employees must presume that a CUOF has occurred and follow all CUOF protocols.

***Exception:*** *Procedures are detailed below regarding investigations of off-duty animal shootings in rural areas that meet the specified criteria.*

*Force Investigation Division is responsible for investigating any on/off-duty animal shooting and unintentional discharge. An Officer-Involved Firearm Discharge Investigation, Form 01.67.08, may be used to document tactical or non-tactical unintentional discharges and animal shootings if all of the following criteria exist:*

- *No injuries to person(s);*
- *No misconduct involved other than the unintentional discharge;*
- *No violations of Department policy and/or procedure (other than a violation associated with the unintentional discharge); and,*
- *No significant conflicts in witness statements or evidence.*

***Note:*** *If any of the above criteria are not met, the CUOF investigation must be handled and documented utilizing existing CUOF procedures.*

*The initial determination of whether the Form 01.67.08 will be used to document the investigation will be made by the on-call FID lieutenant. The final determination will be made by the CO, FID. The COP retains the authority to determine the reporting method.*

*The on-call FID lieutenant will send the required resources from FID to conduct the investigation with the support of personnel from the involved employee's command or personnel from the Area of occurrence. An FID investigator will complete the Form 01.67.08, and submit*

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*the report to the CO, FID, for approval. The CO, FID, will forward the approved report to the UOFRD within 60 calendar days of the incident. In addition, the CO, FID, will forward a copy of the investigation to the involved employee's CO and to his/her bureau for review.*

*Note: If additional time is required to complete the investigation, the CO, FID, must submit an Intradepartmental Correspondence to the CO, UOFRD, explaining the reason for the delay and the anticipated date of its completion. The CO, FID, will forward a copy of the Intradepartmental Correspondence to the involved employee's Area/division and bureau commanding officer.*

***Investigations of Off-duty Animal Shootings in Rural Areas.*** Force Investigation Division will no longer respond to and no Department investigation is required for off-duty animal shootings in a rural area when all of the following criteria are met:

- *The employee is off-duty;*
- *The incident occurred in an area which would reasonably be considered a rural district, including ranchland, farmland, parkland, or other sparsely populated areas, as opposed to cities and towns;*
- *The incident was the result of the need to stop a vicious, predatory, or venomous animal presenting a direct threat to the officer, other persons or pets; and,*
- *There is no misconduct involved or violation of Department policy or procedures.*

*Note: Force Investigation Division will continue to respond if all of the above criteria are not met or as directed by the COP.*

***Employee's Responsibilities.*** When all of the above criteria are met, the employee must:

- *Notify his/her watch commander or officer-in-charge of the incident without delay;*
- *Contact the local law enforcement authorities and be guided by their advice;*
- *Complete the Off Duty Officer-Involved Firearm Discharge Investigation - Animal Shooting In A Rural Area, Form 01.67.11 and submit to his/her watch commander or officer-in-charge. The employee must ensure a detailed description of the circumstances, action(s) taken and threat posed by the animal are included in the report. The employee must submit the completed report on the next working day, but no later than seven calendar days after reporting the incident; and,*

*Note: If the employee's service weapon was involved, the employee must have the weapon inspected by a Department Armorer within seven business days after reporting the incident, if practicable. The Department Armory will complete the Weapon Discharge Inspection Report and it must be attached to the Form 01.67.11.*

- *Complete an Overtime Report, Form 02.24.00, as soon as practicable and ensure compliance with the Department's Fair Labor Standards Act policy and overtime procedures (Manual Sections 3/222.20 and 3/708.02).*

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***Watch Commander's or Officer-In-Charge's Responsibilities.***

- Document the notification by the involved officer on the Watch Commander's Daily Report, Form 15.80.00;
- Notify the on-call FID Lieutenant via RACR, and document the information on the Watch Commander's Daily Report;
- Upon receipt of the Form 01.67.11, the watch commander or Officer-in-Charge will review the circumstances and documentation to ensure all applicable criteria were met and are properly documented and forward the Form 01.67.11 to the employee's CO; and,
- If the employee's service weapon was involved, the Weapon Discharge Inspection Report must be attached prior to submission to the CO.

***Commanding Officer's Responsibilities.*** Upon receipt of the Form 01.67.11, the CO will review the incident and take appropriate action if needed. The CO will then ensure distribution of the Form 01.67.11 to FID, UOFRD, and the concerned bureau within 30 calendar days after the incident.

## FORM USE

**Accessible in LAPD Forms, on the Department's Local Area Network  
Established by Special Order No. 10, 2015**

### ***01.67.11 OFF-DUTY OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION – ANIMAL SHOOTING IN RURAL AREA, FORM 01.67.11***

***01.67.11-01 Use of Form.*** This form is used to report an off-duty officer-involved firearm discharge investigation – animal shooting occurring in a rural area that meets specified criteria.

***01.67.11-10 Completion.*** This form will be completed by the involved officer(s) for an off-duty officer-involved firearm discharge investigation – animal shooting occurring in a rural area. Completion of the form is self-explanatory.

***01.67.11-80 Distribution.*** The original Off-Duty Officer-Involved Firearm Discharge Investigation – Animal Shooting in a Rural Area, Form 01.67.11, will be forwarded from the involved employee's Commanding Officer to Force Investigation Division (FID) and Use of Force Review Division (UOFRD). Upon the approval by the Office of Administrative Services, the report will be forwarded to the Office of the Chief of Police. Upon the review and recommendation by the Chief of Police, UOFRD will distribute copies of the report as follows:

- 1 – Original, Commanding Officer, UOFRD.
- 1 – Copy, involved employee's Area/division commanding officer.
- 1 – Copy, involved employee's bureau commanding officer.
- 1 – Copy, Board of Police Commissioners.
- 1 – Copy, Office of the Inspector General.

#### ***5 – TOTAL.***

Upon review and findings by the Board of Police Commissioners, UOFRD will distribute copies of the final report as follows:

- 1 – Copy, Personnel and Training Bureau.
- 1 – Copy, FID.
- 1 – Copy, involved employee's bureau commanding officer (for distribution to involved Area/division).

#### ***3 - TOTAL***

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## OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION

TACTICAL UNINTENTIONAL DISCHARGE OF A FIREARM

ANIMAL SHOOTING

NON-TACTICAL UNINTENTIONAL DISCHARGE OF A FIREARM

WARNING SHOT

SECTION I. GENERAL INFORMATION							FID No.			DR No.				
Date of Incident	Day of Week		Time		Location of Occurrence						RD			
Date and Time of this Report			Officer's Area/Division of Assignment					Area/Division of Occurrence						
<b>INVOLVED OFFICER(S)</b>														
Last Name, First Name, Middle Initial		Serial No.	Area/ Division Detail	Sex	Desc.	Ht	Wt	Age	In Uniform (Y/N)	Vest (Y/N)	On Duty (Y/N)	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)
<b>WITNESSING OFFICER(S)</b>														
Last Name, First Name, Middle Initial		Serial No.	Area/ Division Detail	Sex	Desc.	Ht	Wt	Age	In Uniform (Y/N)	Vest (Y/N)	On Duty (Y/N)	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)
<b>CIVILIAN WITNESSES</b>														
Last Name, First Name, Middle Initial		Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)			Occupation			
Address R-		B-						E-Mail Address						
Phone R-		B-						Cell Phone						
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview										Job No.		
Last Name, First Name, Middle Initial		Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)			Occupation			
Address R-		B-						E-Mail Address						
Phone R-		B-						Cell Phone						
Foreign Language Spoken		Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview										Job No.		

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**OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION**

FID No.	DR No.
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**CIVILIAN WITNESSES (Continued)**

Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
Address R-		B-		E-Mail Address				
Phone R-		B-		Cell Phone				
Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview							Job No.
Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
Address R-		B-		E-Mail Address				
Phone R-		B-		Cell Phone				
Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview							Job No.
Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
Address R-		B-		E-Mail Address				
Phone R-		B-		Cell Phone				
Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview							Job No.
Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
Address R-		B-		E-Mail Address				
Phone R-		B-		Cell Phone				
Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview							Job No.
Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
Address R-		B-		E-Mail Address				
Phone R-		B-		Cell Phone				
Foreign Language Spoken	Name/Serial No. of Supervisor Interviewing/Date/Time/Location of Interview							Job No.

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FID No.

DR No.

Check all that apply:

A total of \_\_\_\_\_ civilian(s) were interviewed regarding this incident. All interviews of the civilian witness(es) were recorded and are on file at FID.

A total of \_\_\_\_\_ civilian witness(es) did not wish to provide a recorded interview. The reasons are documented in the Investigator's Notes section, Section X, of this report.

The statements of the civilian witness(es) were reviewed by FID personnel and found to be **consistent** with the statements of the involved/witnessing officer(s) and the physical evidence that was recovered from the scene.

The statements of the civilian witness(es) were reviewed by FID personnel and found to be **inconsistent** with the statements of the involved/witnessing officer(s) and/or the physical evidence that was recovered from the scene. The inconsistencies/conflicts are documented as an indented note in the Incident Overview section, Section III, of this report.

**SECTION II. NOTIFICATIONS - (to be completed in all cases)**Source of Activity:  Call for Service  Observation  Other: \_\_\_\_\_Code Six on Scene? Yes  No  Date: \_\_\_\_\_ Time: \_\_\_\_\_Method (Check all that apply): Radio  MDC 

Officer who advised Communications Division regarding Code Six status: \_\_\_\_\_ Serial No. \_\_\_\_\_

Supervisor Requested? Yes  No  Date: \_\_\_\_\_ Time: \_\_\_\_\_

Officer who Requested Supervisor: \_\_\_\_\_ Serial No. \_\_\_\_\_

First Supervisor on Scene: \_\_\_\_\_ Serial No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Watch Commander on Scene? Yes  No  Name: \_\_\_\_\_ Serial No. \_\_\_\_\_

Incident No. \_\_\_\_\_ Addendum No. \_\_\_\_\_ (Communications Division Incident Recall Print Out)

Public Safety Statement? Yes  No 

Obtained By: \_\_\_\_\_ Serial No. \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

RACR Telephonic Notification made by: Name: _____ Serial No. _____	RACR Personnel Notified: Name: _____ Serial No. _____	Date: _____ Time: _____
Force Investigation Division Telephonic Notification made by: Name: _____ Serial No. _____	Force Investigation Division Personnel Notified: Name: _____ Serial No. _____	Date: _____ Time: _____

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FID No.	DR No.
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**SECTION III. INCIDENT OVERVIEW - (to be completed in all cases)**

Addendum No. \_\_\_\_\_ (Report Type, i.e., Employee's Report(s), Form 15.07.00) \_\_\_\_\_

**SECTION IV. PHOTOGRAPHS - (to be completed in all cases)**

Photographs Taken By: \_\_\_\_\_ Serial No. \_\_\_\_\_

Addendum No. \_\_\_\_\_ (Copy of all photographs) Control No(s). \_\_\_\_\_

**SECTION V. DIAGRAM - (to be completed in all cases)**

Diagram Completed By: \_\_\_\_\_ Serial No. \_\_\_\_\_

Addendum No. \_\_\_\_\_ (Original Diagram) Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SECTION VI. EVIDENCE - (to be completed in all cases)**

Evidence Collected By: \_\_\_\_\_ Serial No. \_\_\_\_\_

Number of Items: \_\_\_\_\_ Addendum No. \_\_\_\_\_ (Copy of Property Report)

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FID No.	DR No.
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**SECTION VII. WEAPON INFORMATION - (to be completed in all cases)**

<input type="checkbox"/> Personal	<input type="checkbox"/> Handgun <input type="checkbox"/> Service <input type="checkbox"/> Backup	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Police Rifle	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Department	Involved Officer's Name			Serial No.

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Barrel Length: \_\_\_\_\_ Finish: \_\_\_\_\_  
 Fully loaded? Yes  No  Capacity: \_\_\_\_\_ Type Holster: \_\_\_\_\_

Type of Stock/Grips: \_\_\_\_\_

Other Descriptors:(e.g., tactical light, scope, night sights, etc.) \_\_\_\_\_

Magazine Check Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Loc: \_\_\_\_\_

Round in Chamber? Yes  No  No. of Rounds in Magazine/Cylinder

Dept Approved Ammo? Yes  No  Ammo Description: \_\_\_\_\_

Officer's Shooting Stance: \_\_\_\_\_ No. of Rounds Fired: \_\_\_\_\_

Distance of Intended Target: \_\_\_\_\_ Shooting Background: \_\_\_\_\_

Direction of Fire: \_\_\_\_\_

Registered w/ Dept Armory? Yes  No  As of: \_\_\_\_\_ Date of Weapons Training: \_\_\_\_\_

Armorer Verifying: Name/Serial No.: \_\_\_\_\_ Armorer Contacted by: Name/Serial No.: \_\_\_\_\_

Verification Date: \_\_\_\_\_ Time: \_\_\_\_\_

Measured Trigger Pull within Dept Specifications? Yes  No  Addendum No. \_\_\_\_\_ (Weapon Discharge Inspection Report)

**SECTION VIII. ANIMAL INFORMATION**

Name of Animal: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Approx. Wt.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Prior Aggressive Behavior? Yes  No  If Yes, explain \_\_\_\_\_

Description of Injuries: \_\_\_\_\_ Deceased at Scene? Yes  No

Name and Location of Veterinarian: \_\_\_\_\_

Department of Animal Services, Control Officer: Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

If Euthanized: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Person Performing: \_\_\_\_\_

Owner Referred to City Clerk by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Responsible Party (Owner): \_\_\_\_\_

Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
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Address R- \_\_\_\_\_ B- \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone R- \_\_\_\_\_ B- \_\_\_\_\_ Cell Phone \_\_\_\_\_

Note: If more than one officer or animal was involved, document the information on following page and change the page number accordingly.

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**SECTION VII. WEAPON INFORMATION - (to be completed in all cases)**

Personal  
 Department

Handgun  
 Service  
 Backup

Involved Officer's Name \_\_\_\_\_

 Police Rifle Other: \_\_\_\_\_

Serial No. \_\_\_\_\_

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Barrel Length: \_\_\_\_\_ Finish: \_\_\_\_\_

Fully loaded? Yes  No  Capacity: \_\_\_\_\_ Type Holster: \_\_\_\_\_

Type of Stock/Grips: \_\_\_\_\_

Other Descriptors: (e.g., tactical light, scope, night sights, etc.) \_\_\_\_\_

Magazine Check Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Loc: \_\_\_\_\_

Round in Chamber? Yes  No  No. of Rounds in Magazine/Cylinder \_\_\_\_\_Dept Approved Ammo? Yes  No  Ammo Description: \_\_\_\_\_

Officer's Shooting Stance: \_\_\_\_\_ No. of Rounds Fired: \_\_\_\_\_

Distance of Intended Target: \_\_\_\_\_ Shooting Background: \_\_\_\_\_

Direction of Fire: \_\_\_\_\_

Registered w/ Dept Armory? Yes  No  As of: \_\_\_\_\_ Date of Weapons Training: \_\_\_\_\_

Armorer Verifying: Name/Serial No.: \_\_\_\_\_ Armorer Contacted by: Name/Serial No.: \_\_\_\_\_

Verification Date: \_\_\_\_\_ Time: \_\_\_\_\_

Measured Trigger Pull within Dept Specifications? Yes  No  Addendum No. \_\_\_\_\_ (Weapon Discharge Inspection Report)**SECTION VIII. ANIMAL INFORMATION**

Name of Animal: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Approx. Wt.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Prior Aggressive Behavior? Yes  No  If Yes, explain \_\_\_\_\_Description of Injuries: \_\_\_\_\_ Deceased at Scene? Yes  No 

Name and Location of Veterinarian: \_\_\_\_\_

Department of Animal Services, Control Officer: Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

If Euthanized: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Person Performing: \_\_\_\_\_

Owner Referred to City Clerk by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Responsible Party (Owner): \_\_\_\_\_

Last Name, First Name, Middle Initial	Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)	Occupation
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Address R- \_\_\_\_\_ B- \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone R- \_\_\_\_\_ B- \_\_\_\_\_ Cell Phone \_\_\_\_\_

Note: If more than one officer or animal was involved, document the information on following page and change the page number accordingly.

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**SECTION IX. CIVILIAN INJURIES/MEDICAL TREATMENT (if applicable)**

**SECTION X. INVESTIGATOR'S NOTES**

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**SECTION XI. ADDENDA - (to be completed in all cases)**

Addendum No.	Addendum
	Copy of Communications Division Incident Recall printout
	Employee's Report(s), Form 15.07.00
	Photographs
	Scene Diagram
	Copy of Property Report, Form 10.01.00
	Weapon Discharge Inspection Report(s)
	Crime Scene Log, Form 03.11.04
	Copy of Daily Field Activities Report(s) (DFAR), Form 15.52.00
	Copy of Sergeant's Daily Report(s), Form 15.48.00
	Copy of Watch Commander's Daily Report, Form 15.80.00
	RACR Incident Notification Log
	Investigator's Chronological Record

**Additional Addenda No. Items (if necessary)**


Force Investigation Division Investigator

Serial No. \_\_\_\_\_ Date \_\_\_\_\_

Commanding Officer, Force Investigation Division

Serial No. \_\_\_\_\_ Date \_\_\_\_\_

Copies forwarded to:       Employee's Area/division C/O       Employee's bureau C/O

Commanding Officer, Use of Force Review Division

Serial No. \_\_\_\_\_ Date \_\_\_\_\_

## Los Angeles Police Department

**OFF-DUTY OFFICER-INVOLVED FIREARM DISCHARGE INVESTIGATION -  
ANIMAL SHOOTING IN A RURAL AREA**

SECTION I. GENERAL INFORMATION								DR No.				
Date of Incident	Day of Week		Time		Location of Occurrence				RD			
Date and Time of this Report		Telephonic Notification to Officer's Watch Commander or OIC										
		Name:		Serial No.		Division		Date/Time				
		Telephonic Notification to the On-Call FID Lieutenant										
		Name:		Serial No.		Division		Date/Time				
<b>INVOLVED OFFICER</b>												
Last Name, First Name, Middle Initial			Serial No.	Area/Division Detail	Sex	Desc.	Ht	Wt	Age	Injured (Y/N)	IOD (Y/N)	Light Duty (Y/N)
<b>WITNESSES</b>												
Last Name, First Name, Middle Initial		Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)			Occupation	
Address R-		B-		E-Mail Address								
Phone R-		B-		Cell Phone								
Foreign Language Spoken												
Last Name, First Name, Middle Initial			Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)			Occupation
Address R-		B-		E-Mail Address								
Phone R-		B-		Cell Phone								
Foreign Language Spoken												
<b>SECTION II. WEAPON INFORMATION - (to be completed in all cases)</b>												
<input type="checkbox"/> Personal <input type="checkbox"/> Department		<input type="checkbox"/> Handgun		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
		<input type="checkbox"/> Rifle		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
		<input type="checkbox"/> Shotgun		<input type="checkbox"/> Yes		<input type="checkbox"/> No						
Make:	Caliber:	Model:	Serial No.:				Barrel Length:		Finish:			
Distance of Intended Target:		Shooting Background:										
Direction of Fire:		No. of Rounds Fired:										
If Service Weapon Involved, Complete the Following Sections:												
Registered with Department Armory? Yes <input type="checkbox"/> No <input type="checkbox"/> As of: _____												
Armorer Verifying: Name/Serial No.: _____ Armorer Contacted by: Name/Serial No.: _____												
Verification Date: _____ Time: _____												
* Measured Trigger Pull Within Dept Specifications? Yes <input type="checkbox"/> No <input type="checkbox"/> (Addendum No. ____) (Weapon Discharge Inspection Report)												
* If the firearm used is a service weapon, this is to be completed within seven (7) business days after reporting the incident.												
<b>SECTION III. ANIMAL INFORMATION</b>												
Type of Animal:	Name:		Breed:		Approx. Wt.:		Age:		Sex:			
Prior Aggressive Behavior?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, explain _____									
Description of Injuries:					Deceased at Scene? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Responsible Party (Owner):												
Last Name, First Name, Middle Initial		Sex	Desc.	Ht	Wt	Age	DOB	Driver Lic. No. (If None, Other ID & No.)			Occupation	
Address R-		B-		E-Mail Address								
Phone R-		B-		Cell Phone								

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<b>SECTION IV. AGENCY NOTIFICATION</b>		DR No.
Name of Local Agency Notified:		Time Notified:
Name of Person Notified:	Serial/ID No.:	Response by Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Incident No.:	Agency Report/Record No.:	
Action Taken by Agency:		
<b>SECTION V. BRIEF OF INCIDENT</b>		
<b>SECTION VI. ADDENDA - (to be completed in all cases)</b>		
<b>Addendum No.</b>	<b>Addendum</b>	
	Copy of Watch Commander's Daily Report, Form 15.80.00, Documenting Notification	
	Weapon Discharge Inspection Report(s), if Service Weapon Involved	
	Report Completed by Local Agency, if Applicable	
Watch Commander Approving this Report		Serial No.: _____ Date _____
Name:	Signature:	
Commanding Officer		Serial No.: _____ Date _____
Name:	Signature:	
Copies forwarded to: <input type="checkbox"/> FID <input type="checkbox"/> UOFRD <input type="checkbox"/> Employee's bureau C/O		

Note: If more than one officer or animal was involved, attach additional page(s) and document the additional information on the following page(s) and change the page numbers accordingly.